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NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP/ART UNIT	EXAMINER
APPLICANT					

Foreign priority claimed 35 USC 119 conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no RB3	AS FILED	STATE OR COUNTRY	SHEETS DRWGS.	TOTAL CLAIMS	INDEP. CLAIMS	FILING FEE RECEIVED	ATTORNEY'S DOCKET NO.
Verified and Acknowledged Examiner's Initials								

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3 OF APPLICATION SEPARATELY	
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NOTICE OF ALLOWANCE MAILED		PREPARED FOR ISSUE		CLAIMS ALLOWED	
		Assistant Examiner	Docket Clerk	Total Claims Print Claim	
ISSUE FEE		Primary Examiner		DRAWING	
Amount Due	Date Paid			Sheets Drwg. Figs. Drwg. Print Fig.	
Label Area		ISSUE CLASSIFICATION		ISSUE BATCH NUMBER	
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